Primary Hip Surgical Technique
Developed by Henry A. Finn, M.D.
Resection of the Femoral Neck

• Resect neck 5–10mm above proposed final resection level (at 45°).

Step 2
Resection of the Femoral Neck

- Resect neck 5–10mm above proposed final resection level (at 45°).

Step 1
Preoperative Planning

- Mark head center and intramedullary axis on the A-P radiograph.
- Estimate size of Balance rasp.
- Determine final resection level.

BALANCE™ Primary Hip Surgical Technique

The Balance™ Primary Hip System was developed by Henry A. Finn, M.D., Associate Professor of Clinical Surgery Director, The University of Chicago Bone and Joint Replacement Center at Weiss, Chicago, Illinois.

Balanced with Proximal Fit-and-Fill Between 3-Point Fixation

- Press-fit surgical application
- Designed to allow immediate post-op weight bearing
- 1mm anatomic proportional build-up
- Bi-planar taper geometry
- 3-point fixation
- 5° anteverted neck
- Proximal anatomic fit-and-fill

IMPORTANT NOTE:
Due to the unique design of this implant, patients are anticipated to achieve full weight bearing the day following surgery.

This brochure describes the surgical technique used by Henry A. Finn, M.D. Biomet, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any implant procedure is responsible for determining and using the appropriate techniques for implanting the prosthesis in each individual patient. Biomet is not responsible for selection of the appropriate surgical technique to be used for an individual patient.

The Balance Hip Prosthesis is marketed for non-cemented use in skeletally mature patients undergoing primary hip replacement surgery as a result of noninflammatory degenerative joint disease.
Step 3: Opening the Femoral Canal
- Use a 7mm starter reamer to initially open the cavity.
- Upon entry, and without removing reamer, shift and ream posterolaterally.

Step 4: Obtain Neutral Access to Canal and Size
- Introduce conical reamer into the femoral neck, gradually tilting the reamer posterolaterally.
- Ream medial aspect of greater trochanter until reamer is in neutral alignment.
- Ream diaphyseal canal, advancing down canal.
- Increase reamer size until cortical bone is contacted.

Step 5: Reaming to Remove Metaphyseal Cancellous Bone
- Using the last reamer from Step 4, pull and partially ream proximally.
- Tilt reamer medially to the calcar region to remove medial cancellous bone.
- Tilt reamer along the anterior cortex to the anterolateral aspect to remove the remaining metaphyseal bone.
- The goal of this step is to remove all cancellous bone in the proximal 1/3 of the femur.

Step 6: Use Rasp as a Trial Prosthesis
- Select a rasp size that corresponds to the last size of conical reamer.
- Assemble rasp handle to the rasp body, and use the rasp as a trial prosthesis.
- The rasp should be fully seated with light mallet blows, and provide rotational and axial stability by cortical contact in the proximal 1/3 of the femur.

Step 7: Trial Reduction
- Detach rasp handle.
- Rasp body is left in situ and serves as trial prosthesis.
- Fit trial head/neck provisional on rasp body.
- Perform trial reduction and determine appropriate neck length.
- Reattach rasp handle and remove rasp.

Step 8: Stem Insertion
- Attach stem inserter to selected Balance prosthesis.
- If the prosthesis has been properly selected, and the proximal femur adequately prepared, implantation of the stem should require no more than 5–8mm of impaction with light mallet blows to achieve proper stability. If not, consider reapplying conical reamer to remove additional bone.
- Remove stem inserter and mount trial femoral head. Reduce to check stability and range of movement. Then remove trial head.
- Impact prosthetic femoral head on neck using plastic driver.
### Balance Femoral Implants

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### Balance Primary Femoral Hip Loaner Sets

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### Balance Hip Template Set

179999

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